

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/068412</i>	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	1	/	/
2	/	1					52	8	127	9
3	/	1					53	3	129	1
4	/	1					54	2	133	6
5	/						55	1	124	6
6	/	1					56	1	118	6
7	/	1					57	1	150	1
8	/						58	1		
9	/						59	1		
10		1					60	1		
11		1					61	1		
12		1					62	1		
13		1					63	1		
14		1					64	1		
15							65	1		
16							66			
17							67	1		
18							68	1		
19							69	1		
20	i						70	1		
21		1					71	1		
22		1					72	1		
23		1					73	1		
24		1					74	1		
25		1					75	1		
26		1					76	1		
27		1					77	5		
28		1					78	6		
29		1					79	1		
30		1					80	5		
31		1					81	6		
32)						82	1		
33		1					83			
34		1					84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	10	3	
TOTAL DEP.							TOTAL DEP.	10	15	7
TOTAL CLAIMS							TOTAL CLAIMS	110	18	7